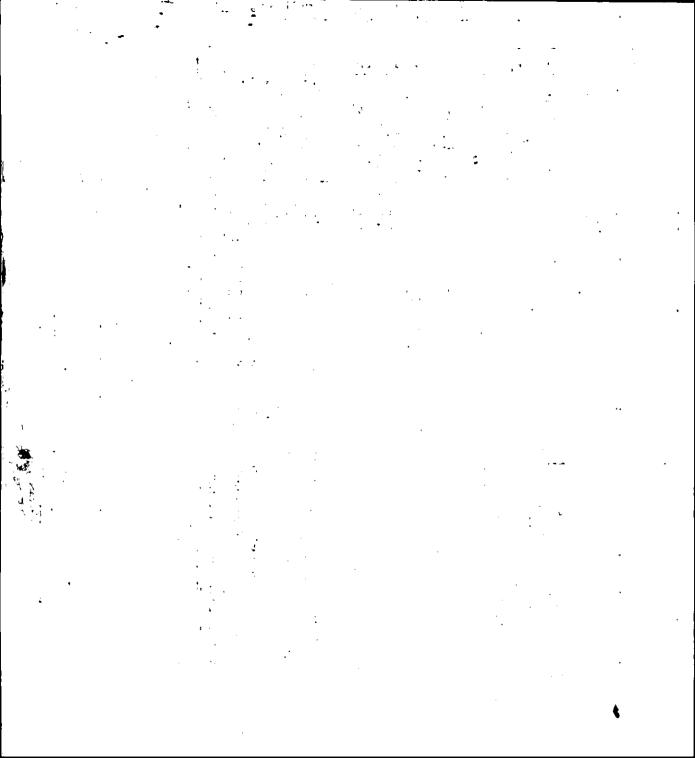
	BURE	STATE BOARI AU OF VITAL ST CERTIFICATE OF DE	ATISTICS	Do not use this	space.
1. PLACE OF DEATH County County Township Color City		ary Registration District N		Registered No. 44	***************************************
2. FULL NAME	ods) town where death occurred Uffic	St., St., ds.	Ward. (If nonre How long in U. S., if of foreig	sident, give city or town In birth? yrs.	n and State) mos. ds.
2. FULL NAME (a) Residence, No	DIVORCED (write the variety of the v	I last saw I last saw to have or The prince hrs. min. Other con Name of or What test 23. If deal Accident, s Where did Specify wh Manner of Nature of i 24. Was di If so, specify (Signe	peration confirmed diagnosis? the was due to external causes suicide, or homicide? injury occurred in industing injury in any way religious causes or injury in any way religious injury.	Date of injury. y city or town, county, stry, in home, or in publicated to occupation of de	1936 deceased from 19 % Death is said were as follows: Date of easet utopsy? ne following: 19 utopsy 19 utopsy 20 ut



II				
BUREAU OF V	E BOARD OF HEALTH VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.			
f1	ion District No. 5248 Registered No. 4			
City	(If nonresident, give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 4 .19 3 (22. I HEREBY CERTIFY, That I attended deceased from			
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	I last saw halive on 19			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.	to have occurred on the third braced above, at			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importance:			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
13. NAME 14. BIRTHPLACE (CITY OR TOWN)	Name of operation			
15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN)	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?			
Σ (STATE OR COUNTRY) 17. INFORMANT (ADDRESS)	Specify whether injury occurred in industry, in home, or in public place. Manner of injury.			
18. BURIAL, CREMATION, OR REMOVAL DATE 7 ()	Nature of injury			
19. UNDERTAKER (ADDRESS) 20. FILED 8/3/1 197 Y LW Musics	(Signed), M. D.			
Registrar.	<u> </u>			

5-23,000

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